should OCCUPATION PHYSICIANS St:----Ward) RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Married
widowed, Married
ORDIVORCED
(Write the word) B DATE OF BIRTH (Monab (Day) (Year) 7 AGE if LESS than 1 day,brs. OR ? 8 OCCUPATION AG (a) Trade, profession, or particular kind of work. Z (b) General nature of industry, business, or establishment in Ö which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF (Signed) FATHER ARENTS OF FATHER (State or country) 12 MAIDEN NAME plain OF MOTHER OR RECENT RESIDENTS) of h. DEATH h. Instructi 13 SIRTHPLACE At place OF MOTHER (State or country) yrs. mos. ds. Where was disease contracted, If not at place of death? Former or FO usuai residence. Every Item CAUSE OF Important. 9 PLACE OF BURIAL OR REMOVAL 16 20 UNDERTAK m more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

fif death occurred in a hospital or institution. give its NAME Instead ot street and number. I

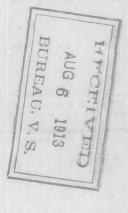
MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That Lattended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State yrs, DATE OF BURIAL

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). causing peater, state occupation at beginning of iiishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('nal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation bas As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrement scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart fallure," "Haemorrhage," "luanition," "Marasthenia," "Anaemia" (mereir symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples:



RECORD PERMANENT BINDIN 4 INK Ш supplied. UNFADING ARGIN

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is Registration Dist. No [If death occurred in St.:....Ward) a hospifal or institution, give its NAME Instead of sfreet and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) (Daf ORDIVORCES (Write the word) (Year) That attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE if LESS than 1 day,hrs. OR ? properly 6 OCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry, business, or establishment in Durafion) which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 20 of back terms. 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE At place In the OF MOTHER I (State or country) of death _____ yrs. ___ mos. ... State yrs, ____ ds _ ds. DEAT Where was disease contracted. 14 THE ABOVE IS THUE See KNOWLEDGE If not at place of death? Former or FO (Intermant). important. usual residence 14.5 19 PLACE OF BURIAL OF REMOVAL OF BURLAL Every (Address 15 20 UNBERTARER ADDRESS m

REGISTRAR

If more blanks are needed, address State Registrat, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train—acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septiehae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S

SEP 9 1913

RESERVED FOR BINDING MARGIN

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD WRITE

Ounty Caroline 9424

Village or City Ridyely (N

STATE OF MARYLAND CERTIFICATE OF DEATH

.....St.;.....Ward)

Registration Dist. No. 6.6

(N	0	
- Lilian	Viola	Baker

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

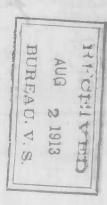
FULL NAME allan Viola	Wascer
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale White (Stringle wind)	Open to the property of the pr
Gpr. 8 19/3 (Month) (Day (Year)	Never aftereded its , 191, that I last saw h alive on , 191
7 AGE yrsdslf LESS than f day,hrs. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work	- Lancion
business, or establishment in which employed (or employer)	Gontributory Whyobing - Cough.
(State of country) Queen Annies Co. 10 NAME OF Chiulore B. Baker 11 BIRTHPLACE OF FATHER (State or country) Queen Annies Co. 12 MAIDEN NAMED OF MOTHER CHIEF MANAGEMENT CO.	Secondary (Signed) (Sign
13 BIRTHPLACE OF MOTHER (State or country) Queen and Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds, State yrs, mos ds Where was disease contracted, If not at place of death?
(Address) Ridgely Mol	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10 July 5 , 191.7 20 UNDERTAKER ADDRESS
REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inaultion," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... canse of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichae-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. thre of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under (Recommendations on statement of "Dropsy," "Exhanstlon," (name origin; "Canthe head Never report



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No. 1. ú

	PLACE OF DEATH 9425	STATE OF MARYLAND
	Carolina	CERTIFICATE OF DEATH
Cou	inty Carl Parce	Registration Dist, No.
Vill	lage or Gity Greecestor (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	² FULL NAME MOOV W	cy acc
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale White Single, windower, Orbivorcep (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CENTIFY. That I attended deceased from
6 DAT	(Month) (Day) (Year)	that I last saw here allye on July 4 1917
7 AGE		and that death occurred on the date stated above, at
(a) Tr partic	ade, profession, or None	Holein Infaction
busine	eneral nature of industry, ss, or establishment in employed (or employer)	(Duration) yrs. mos 24 h
9 BIRT (Stat	the or country) Baltimore City Ma	Gentributory (Secondary) Duration Vrs. mas de
	ONAME OF Jan. Bryan	(Signed) Held Tacks borong M. D.
Z _	Strong St	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
-	2 MAIDEN NAME aurie L. Seymore	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	State or country) Talbot Go Md	At place In the of death yrs mos ds. State yrs mos ds
	e above is true to the Best of My Knowledge formant). Al Bryan	Where was disease contracted, If not at place of death? Former or usual residence
	Address, 1933, Belt, ave Balts md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed	rely & 1913 Kuth Aluminers.	20 INDERTAKER ADDRESS
	If more blanks are needed, address State Registrar, 6 B	2. Franklin St., Baito., Requesting V. S. No. 1.

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[Approved by L. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stalionary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age. material worked on may form part of the second (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman,"

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such, if impossible to determine definitely. Examples: ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular hearl disease; Chronic interstitial nephrills. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ema. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senife," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," For vio-

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DUREAU, V. S.

BINDING FOR RESERVED MARGIN

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VIIIage or City Near Tederalsburg. (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
demale, de Color de Race Single, MARRIEO, WIDOWEO, Dingle, ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH SUCT 2 , 1912 (Month) (Day) (Year)	that I last saw h. W. allve on July 4 7 1913
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at
SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country) Mary Land	(Secondary) (Duration) Yrs. mos. ds.
11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) July M. D. 191.3 (Address) Full with M. D. *State the Disease Causing Death, or, in deaths from Volume
13 BIRTHPLACE	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MDTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL REMOVAL DATE OF BURIAL 1813
Filed July 5, 1913 17 18 Jefferson REGISTRAR	J.T. Tramptom & Son Tederal burg

pore blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

trid,

[Approved by U. S. Census and American Public Health
Association.]

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SERVED

PHYSICIANS should state of OCCUPATION Is very RECORD ERMANENT Exac classified. pe pinous properly AGI supplied. be may certificate. that 80 ō be back terms, should 0 plain Instructions Information _ EATH 6 0 Item OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. it death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. BEEX 4 COLOR OR RACE MARRIED. widowed, or Divorced (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) (Secondary 10 NAME OF FATHER 11 BIRTHPLACE FNT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. 0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State yrs. ____ mcs. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulminc, etc. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (d)

losis of lungs, meninges, peritonaeum, etc.. pneumonla"); time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite); Tubercu-"Croup"); brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal causing pratif (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Tuphoid fever Lobar pncumonia; Bronchopncumonia (never report "Typhold (avoid use Carcin-

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing valvular heart disease; Chronic interstitial nephritix er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory (secondary or intercurrent tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Never repor Examples: For vio-



Village or City Ridgely PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RAGE Tendle Personal Pressor Considered Consi	Cor	into Ca	rolin	٤	942	8
Tensele Regro Single, Married, Wildweld World Regro (Write the word) Date of Birth May 3 , 1911 (Month) (Day (Year) Tage It LESS than 1 day, hrs. 2 yrs 2 mos 2 ds. OR min.? Cor min.?		age or City	, Ridg		usie	- Ce
Ferrale Negro MARRIED, STUTGE WIDDWED, ORDIVORCED (Write the word) B DATE OF BIRTH May 3 , 1911 (Month) (Day (Year) TAGE It LESS than 1 day,hrs. OR min.? COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) P BIRTHPLACE (State or country) Ridgsly Med. 10 NAME OF FATHER Williams Cephino. 11 BIRTHPLACE OF FATHER (State or country) Baltimore (State or country) Baltimore Cof Mother Elina Pritchett		PERSO	ONAL AND ST	ATISTICAL	PARTICULA	ARS
TAGE TAGE (Month) (Day (Year) TAGE It LESS than 1 day, hrs. OR min.? SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Pale Control Control To NAME OF FATHER William Cophuso. 11 BIRTHPLACE OF FATHER (State or country) Control Cophuso. The Maiden NAME OF Saltinure OF MOTHER Elina Pritchatt	3 SI		70	MAGE	MARRIED, WIDDWED.	
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11 BIRTHPLACE OF FATHER (State or country) Baltimore 12 MAIDEN NAME OF MOTHER Elina Pritchatt	bus	iness, or estab ch employed (or	ilshment in employer)	dg El	Ey Ned	
of MOTHER Elma Pritchett	LIS	11 BIRTHPI	Wille	am	Серг	
	AR	12 MAIDEN OF MO	NAME Ele			let
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Hallin :	Took	Md.	
(Informant) Hattis Tookmon Ridgely Wed		0	<u>6,1913</u>	J	Da	REGISTRAR
(Informant) Hattis To-bonon Ridgely Wed	4	/		0		*

1 PLACE OF DEATH

	STATE	OF N	/ARY	LAND	
C	ERTIFIC	CATE	OF	DEATH	
3				,	

Registration Dist. No.

St.;----....Ward) [it death occurred in a hospital or institution, give its NAME Instead of street and number.]

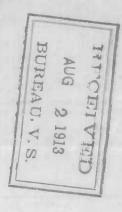
Degro Color or Race of Death July 24, 1913 Markito, Surigle wood (Write the word) Markito, Corner (Wonth) (Day (Year) It less than 1 day, hrs. or mos 2 ds. or min.? While the word of the word of the last saw here alive on July 19, 1913, and that death occurred on the date stated above, at 7 a.m. the CAUSE OF DEATH* was as follows: Prince of the plane. Contributory Congruitation (Duration) yrs. mos. 144s. Contributory Congruitation (Duration) yrs. mos. 144s. Contributory Congruitation (Duration) yrs. mos. 2 ds. or mos. 2 ds. or mos. 3 ds. or necessary or mos. 4 place or necessary or necessary or necessary or necessary or necessary or neces	NAME Dusie Ce	plus.
MARRIED WOODS OF CONTROL OF CONTR	AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
May 3 (Year) (Month) (Day (Year) that I last saw he alive on July 19 1913 and that death occurred on the date stated above, at 7 2 mos 2 ds. OR min.? The CAUSE OF DEATH* was as follows: (Cholera dufautum (Sitry, or in the in property of the control of the date stated above, at 7 2 mos 2 ds. OR min.? Ridgely Ned. (Signed) Caustian yrs. mos 2 ds. (Signed) Caustian yrs. mos 3 ds. (Signed) Caustian yrs. mos 4 ds. (Signed) Caustian yrs. mos 4 ds. (Signed) Caustian yrs. mos 6 ds. (Signed) Caustian yrs. mos 7 ds. (Signed) Caustian yrs. mos 8 ds. (Signed) Caustian yrs. mos 6 ds. (Signed) Caustian yrs. mos 6 ds. (Signed) Caustian yrs. mos 6 ds. (Signed) Caustian yrs. mos 7 ds. (Signed) Caustian yrs. mos 8 ds. (Signed) Caustian yrs. mos 8 ds. (Signed) Caustian yrs. mos 7 ds. (Signed) Caustian yrs. mos 7 ds. (Signed) Caustian yrs. mos 8 ds. (Signed) Caustian yrs. mos 7 ds. (Signed) Caustian yrs. mos 8 ds. (Signed) Caustian yrs. mos 8 ds. (Signed) Caustian yrs. mos 9 ds. (Signed) Caustian yrs. mos 1 ds. (Signed) Caustian yrs. (Sign	WIDDWED,	(Month) (Day (Year)
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Contributory Congenital Localence Ridgely Med. Capturo. Cisigned Capturo. (Signed) Capturo. Contributory Congenital Localence Secondary Contributory Congenital Localence Contributory Congenital Localence Secondary Contributory Congenital Localence Contributory Congenital Localence (Signed) Capturo. Contributory Congenital Localence (Signed) Capturol Contributory Congenital Localence (Signed) Capturol Congenitate Capturol Congenitate Capturol Contributory Congenital Localence Contributory Congenital Localence Contributory Congenital Localence Contributory Congenitate (Signed) Capturol Congenitate Contributory Congenitate Congenitate Congenitate Contributory Congenitate Contributory Congenitate Cong	none	U o
ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL OON BUBYOUGH AUGUS, 191.2	Ridgely Med. Piliam Cephus. Intry) Baltimore Elma Pritchett	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
REGISTRAR THE MELENT Precession	Ridgely Md.	ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL CONDENSAUGH MULISTER, 191. 2
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1	, 191 3 John aus	ADORUSS ADORUSS
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

statement. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Nonc. cated thus: causing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head The nature of the "Exhaustion," Never report For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very RECORD PERMANENT 4 S UNFADING INK-THIS PLAINLY, WITH WRITE Sec Important.

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PLACE OF DEATH Village or City Mar Sectors

9429

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or institution, give its NAME iostead

*FULL NAME Glady C	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Revale 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH fully 29, 1913. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5 7c. P. m The CAUSE OF DEATH'* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (OF FATHER (State or country) 22 August Land	(Signed) (Ouration) yrs mos ds (Signed) (Signed
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTA OR RECENT REAIDENTA) At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?————————————————————————————————————
(Address) DEnler Bud	19 PLACE OF BURIAL OR REMOVAL Adda Chafel July 31, 1913. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 F. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral scptichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing affection need not be stated unless important. ver" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 ds.: "Exhaustlon," Never report Examples:



Village or City Harmony (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WRITE WORD)	18 DATE OF DEATH Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from
8 DATE OF BIRTH MINSCHOULE (Month) (Day) (Year)	that I last saw h alive on 191
TAGE TRACE TRA	and that death occurred on the date stated above, at 1213 of m, The CAUSE OF DEATH* was as follows: Was attacked with shorter of treath and died inside to 15 minutes, according to
(b) General nature of industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Doration) (Doration) (Secondary) (Doration) (Doration) (Doration) (Doration) (Doration)
10 NAME OF FATHER SAACS Syrson 11 BIRTHPLACE OF FATHER (State or country) Maryland 2 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Strategic M. D. (Signed) Strategic M. D. (Signed) 1913 (Address) Strategic M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death J. yrs. mos. ds. State yrs, mos. ds.
Informant, John Dickerson (Address) Treston Md.	Where was disease contracted, If oot at place of death? Fermer or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed kely 31 1913 Achie Die Maderon Recipidar If more blanks are needed, address State Registra.	Nowns Cemetery Luly 20, 1913. 20 UNDERTAKER Starry Hollis Oreston had T. 6 E. Franklin St., Balton, Requesting V. 8 No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not (a) Spinner, Civil engineer, Stationary Areman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

genital," dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of ture of the American Medical Association.) "Hart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

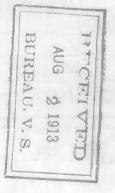
County Caroline 9431	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66
Village or City Ridgely (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single (Write the word) 4 COLOR OR RACE SINGLE, MARRIEO, MICOWEO, OR OIVORCEO (Write the word)	18 DATE OF DEATH July (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from June 20, 1913, to July 3, 1913.
(Mg(th) (Day) (Year) 7 AGE If LESS than 1 day,hrs. yrs	that I last saw here allive on July 2 1913 and that death occurred on the date attack above, at 1039 Pm. The CAUSE OF DEATH * was as follows:
(a) Irade, profession, or particular kind of work	(Duration) yrs. mos / O ds. Contributory Conquital Urakuus (Secondary)
11 BIRTHPLACE OFFATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Caroline Co Mrd.	(Signed) & F. Surette M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents) At place In the of death yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) The Defendence of the Address) Ridgely And 15 Filed Lety 4, 1912 REGISTRAR	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS LLL MO JORGESS Relauks Brote And Ress
If more blanks are needed, address State Registrar, 6 E	

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman (b) it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locamotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc... Carcinbosis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATH'S state MEANS OF INJURY and qualify as accidental, suicidal, or Homicidal, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maras-"Collapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malle. "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. valvular heart discase; Chronic interstitial nephritis. nant neoplasms).; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always quality all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds.; State cause for Never report Examples For vio-



STATE OF MARYLAND 1 PLACE OF DEATH 9432 CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION is Registration Dist. No St :----Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 18 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at, 1 day, K.hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. (b) General nature of industry, business, or establishment in (Duration)yrs. mcs. UNFADING which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0 ARGIN WITH 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS plat OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. mos. State yrs. ____ mos. ... EAT Where was disease contracted, If not at place of death?... of be Former or OF usual residence Every Item CAUSE OF Important. 15 REGISTRAR in more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occurred in

a hospital or institution.

give its NAME instead of street and number.]

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purpresal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ES probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ampie: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of . cause of death approved by Committee on Nomencia. "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accier" is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State (name origin; "Can death), 29 "Exhaustion," Examples: cause for For vio



BINDIN ۵ ERVE ARGIN

should state 10 OCCUPATION PHYSICIANS RECORD 0 statement EXACTLY. classified. pinous properly ш INK supplied. pe may certificate. that It 20 0 pe back terms, pluods LO plain Instructions Information 2 EATH of 0 Item OF Every Item CAUSE OF Important,

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred laWard) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED WIDOWED, SE (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at..... 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE FNT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State yrs. Where was disease contracted. if not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

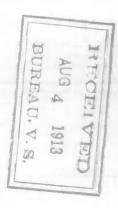
T. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc.. Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH SICIANS should Registration Dist, No. lit death occurred in PHYSICIANS St:----Ward) a hospital or institution. RECORD give its NAME instead of street and number. I 50 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Widos WIDOWED. (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 191..... to that I last ssw h alive on 191 (Day) (Year) be 7 AGE It LESS than and that death occurred on the date stated above, at ... pinous 1 day hrs. The CAUSE OF DEATH * was as follows: OR mig. ? properly BOCCUPATION AGE (a) Frade, profession, or particular kind of work (b) General nature of Industry. supplied. pg business, or establishment in msy which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. certificate. (Secondary) thst 10 NAME OF FATHER (Signed 80 0 back 11 BIRTHPLACE (Address) terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-Co 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE EATH In At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. it not at place of death?. 50 A OF usuai residence. mportant. 19 PLACE OF BURIAL OR REMOVAL M DATE OF BURIAL Every 15 ADDRESS m RECISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," ,"Foreman,"

Statement of cause of death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scottcharmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... "Contributory." The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can "Exhaustion," Examples: For vio-



Important.

V. S.

PLACE OF DEATH	STATE OF MARYLAND
county Caroling 9435	CERTIFICATE OF DEATH
4.,00	Registration Dist, No. 64
Village or City Tederals Jung (No.	St.; Ward) [If death occurred in a hospital or institution,
4. 4	give its NAME instead of street and number.]
*FULL NAME To Targarel	- Stutiarty
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
demare Color or RAGE SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED CONTROL (Write the word)	16 DATE OF DEATH 2 1913 (Year)
DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
1200 11"	1913, to July 2/ , 1973
(Month) (Day (Year)	that I last saw had alive on 1919 7 1919
7 AGE if LESS than 1 dayhrs.	and that death occurred on the date stated above, at b m
yrs omos Os OR min.?	The CAUSE OF DEATH* was as follows;
OCCUPATION (a) Trade, protession, or	Exhaustire Museums
particular kind of work (b) General nature of industry,	
business, or establishment in	(Duration) yrs / mos ds
which employed (or employer)	Contributory Millementine attimuele
(State or country) Maryland.	and lightly (Boration) yrs 6 mos ds
10 NAME OF Thos. a. White	(Signed) At The Manager, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME MAXY OF MOTHER MAXY E. Wa-Sheift	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Mary E, Wa-Sheift	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPIRED
13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF ME NOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Mary E. White	Former or
(Address tederalo burg, Ind)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
AUDIESS!	tederalsburg Cometery July 23" 1913
Filed July 28, 1913 By Jefferson	20 UNDERTAKER ADDRESS
// Percena	5.T. Frambton Son III 00

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the thus: If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train—aecisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae. ctc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection ueed not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for Never report



PLACE OF DEATH 9436	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Man Auform ton (No.	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE Saingle, MARRIED, Married WIDOWED, Married WIDOWED, Write the word)	16 DATE OF DEATH (Month) (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last asw h allve on July 21st 1913
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or Pauseurfe particular kind of work. Pauseurfe (b) General nature of industry, business, or establishment in which employed (or employer)	(Duratioo) yrs, mos, ds
9 BIRTHPLACE (State or country) 10 NAME OF	(Secondary) (Duration) yrs mos ds.
FATHER Bob. Building	(Signed) Mules , M. D. My H, 1913. (Address) South M
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER China Bett. Buckley	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. Where was disease contracted,
(informant) Trus way lit	if not at place of death? Former or usual residence
Filed 7/2/1913 Da George ra D.	Concord Cuntry July 2381.3
REGISTRAR	E. IV. adams to Zedenaleburg
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iii-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwbo have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—like primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichaccause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. oma. Sarcoma. etc., of . is iess definite; avoid use of "Tumor" for mails-The contributory tctanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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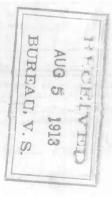
C	PLACE OF DEATH Ounty 9437	STATE OF MARYLAND CERTIFICATE OF DEATH	
V	'illage or City Presion (No,	Registration Dist. No	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 S S S S S S S S S S S S S S S S S S S	ATE OF BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 5. to 191 5. that I last saw has alive on 191 5.	
7 A		and that death occurred on the date stated above, at 3. 300 m, The CAUSE OF DEATH* was as follows:	
(b) bus whi) Frade, profession, or ricular kind of work. General nature of industry, incess, or establishment in inchemployed (or employer) IRTHPLACE tate or country) And Lande Early Mandande Continued Co	Contributory (Secondary) (Obration) yrs mos ds.	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER		(Signed)	
147	Informant) 13 BIRTHPLACE OF MOTHER (State or country) Please leave Informant) 14 The Above is true to the best of My knowledge Informant)	At place of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.	
15 Fil	Local REGISTRAR	20, UNDERTAKER ADDRESS L. G. E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal septichae--Kart fallure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Convulsions," "Debility" ("Con-(name origin; "Can death), 29 ds.; "Exhaustion," Never report Examples: For vio-



V. S. V

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1 PLACE OF DEATH

9438



STATE OF MARYLAND CERTIFICATE OF DEATH
Registration Dist. No. 6/
St.; Ward) [If deafh occurred in a hospifal or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
E OF DEATH (Month) (Day (Year)
I HEREBY CERTIFY, That I attended deceased from
, 191, to, 191,
ast saw h alive on, [9]
it death occurred on the date stated above, atm,
USE OF DEATH* was as follows: Lack of Nourishment
(Duration) yrs mos ds. tributory & Mulicul Hemmonshay
Rulh Plumer Regist M. D. 9, 191 3 (Address) Flesh Store M. D.
tate the DISEASE CAUSING DEATH, or, In deaths from VIOLENT ES, state (1) MEANS OF INJURY; and (2) whether ACCIDENSUICIDAL, OF HOMICIDAL.
GTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, LECENT RESIDENTS)
In the yrs ds. State yrs ds as disease contracted, place of death? pr
tson metery July 9, 1913.
DERTAKER

FULL NAME CO NON		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RAGE 5 BINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year	
	17 I HEREBY CERTIFY, That I attended deceased fr	
(Month) (Day (Year)	that I last saw h alive on	
7 AGE If LESS than	and that death occurred on the date stated above, at	
1 day,hrs.	The CAUSE OF DEATH * was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work	Jaco of Hours Kmin	
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Umbelsoal Hemmonsh	
10 NAME OF FATHER Halter Hutson	(Signed) Assland (Duration) yrs mos 7. (Signed) Assland Regist Market Company of the Company of	
OF FATHER (State or country) 12 Maiden Name OF MOTHER	State the DISEASE CAUSING DEATH, or, In deaths from VIOLICAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID TAL, SUICIDAL, Or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the of death yrs, mos, ts. State yrs, mos,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alter July on	Where was disease contracted, If not at place of death? Former or usual residence.	
(Address Teenstoro, Ms Filed Lly 9, 1913 Rull Alymnes REGISTRAR	19 PLACE OF BURIAL OR REMOVAL VILSO A CINETRY 20 UNDERTAKER ADDRESS ALLE OF BURIAL PARTY OF BURIAL ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutcred as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

CAUSING DEATH (the primary affection with respect to lesis of lungs, ("Pneumonia," pnenmonia"); Lobar pncumonia; Bronchopneumonia brospinal meningitis"); Diphtheria term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted "Croup";) forer (the only definite synouym is Statement of cause of death-Name, first, the DISEASE Typhoid fever (never meninges, peritonaeum, etc., unqualified, is indefinite): Tubercureport "Typhoid (avoid use "Epidemic cere-Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic valvular hoart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease cansing death), 29 ds.; affection need not be stated unless important. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee ou Nomenclais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



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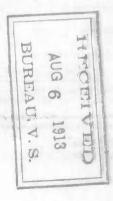
1/-	PLACE OF DEATH	20	STATE OF MARY	LAND
1.	ounty Caroline 94	อล	CERTIFICATE OF	DEATH
1	ounty		Negistered Registered	No. 64
v	Mage or City Federals burgly	(No. 1.0.2.	St;Ward)	[It death occorred is a hospital or institution
	* FULL NAME Mrs Janet	. T. M	. Jeavous	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH	
3 si	ex COLOR OR RACE SINGLE, MARRIED, MIDOWED, WIDOWED, ORDIVORCED (Write the v	narried	16 DATE OF DEATH (Month) 17 I MEREBY CENTIFY, That I att	(Day) (Year)
8 D	March 3	1858	that I last saw her slive on a cely	1913
7 A	(Month) (Day)	(Year)	and that death occurred on the date stated abo	1812
	55 - 11 - 1	1 day,hrs.	The CAUSE OF DEATH * was as follows:	ve, at modernia franches m,
80	CCUPATION Trs. L. Mos.	1s. ORmio. ?	about of lines	ovoh 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(a)) Trade, profession, or ricular kind of work from serve	6		
(b)	General nature of Industry,	/ \$	***************************************	
	iness, or establishmeo1 lo ich employed (or employer)	***************************************	(Doration) y	
	IRTHPLACE (tate or country) Flasgow Sco	tland	(Secondary)	e Trefficles irs mos ds.
	10 NAME OF Mr archie Mr	iir	(Signed) X)-6, Fruzza	, M. D.
ITS	11 BIRTHPLACE OF FATHER (State or country)	/	Quely 5 , 1913. (Address) Stant	ock
ARENTS	12 MAIDEN NAME OF MOTHER	d	State the DISEASE CAUSING DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.) whether Acciden-
0	13 BIRTHPLACE	LCE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS)	ITUTIONS, TRANSIENTS.
	OF MOTHER (State or country)		of death 23 yrs. 5 mos. 14 ds. State 23	yrs5 mos14 ds.
14 _T	THE ASOVE IS TRUE TO THE BEST OF MY KNO	WLEDGE	Where was disease contracted, It not at place of death?	
	Informant MIND Cornel Putts	nan	Former or	
	(Address) Redenals Luna	md	19 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL
16 FIR	1. 1. 1 0 DINO 1	erson	Bloomery Cem. In	DRESS 1913
o/		REGISTRAR	CWadams & Bro. Fede	ralsburg
U	If more blanks are seeded, addres	e State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1	md.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healtbrui-Housewife, Housework, or At Home, and children, not minc, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

childbirth or miscarriage, as "Puerpural septichacampie: Measles (disease causing death), 29 de.; cer" is less definite; avoid use of "Tumor" for mally ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dcnt; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for



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V. S. No. 1.

ounty Cardine 9440	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Sederale burg, (No. 1)	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, DRDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ODATE OF BIRTH (Write the word) (Warte the word) (Warte the word) (Warte the word) (Warte the word)	that I list saw here slive on the slive on 1913
7 AGE 21-21ours yes mos ds OR min.?	and that desth occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry,	Child corighed onto some hard blo.
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) War upand,	Contributory (Secondary) (Buration) yrs. mos ds
10 NAME OF Peter Tester, 11 BIRTHPLACE	(Signed) the to Sulliving M. D. Huy (4, 1913 (Address) the sulling will
Z OF FATHER (State or country) Tax yeard,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Informant) Will Condu	Where was disease contracted, It not at place of death? Former or usual residence
riled July 15. 1913 B 15 Defferson REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Laderala Sura Cometery Luly 15, 1913. 20 UNDERTAKER 5 T. Framfotom & Don Sederala Sura.
more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Publicant schichae. mus," "Old Age," "Shock," "Traemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 oma. Sarcoma. etc., of . ture of the American Medicai Association.) cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revalver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under (Recommendations on statement of (name origin; "Can-State cause for Examples:



RECORD	Y. PHYSICIANS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPA important. See instructions on back of certificate.
UNFADING	carefully supplied. that it may be certificate.
WRITE PLAINLY, WITH	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.
	CAUSE C

Every It

m

15

(Address)

should state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No... [If death occurred inWard) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, (Month) (Day) Write the word) CERTIFY That I attended deceased from 17 I HEREBY 8 DATE OF BIRTH (Month) (Day) 7 AGE if LESS than 1 day, hrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or parlicular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place in the OF MOTHER (State or country) of death yrs. mos. .. State yrs. ____ mos. ... Where was disease confracted. if not at place of death?. Former or usuai residence.

20 UNDERTAKER

DATE OF BURIAL DESS

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

19 POACE OF BURLAL OR REMOVAL

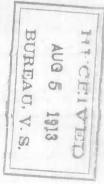


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative acalthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to tilue and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis Bronehopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples:



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1 PLACE OF DEATH 9442	STATE OF MARYLAND
County Parsline	CERTIFICATE OF DEATH
Count	Registration Dist. No. 62
Sp. of the	[If death occurred in
Village or City XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	St.; Ward) a hospital or institution, give its NAME instead
	Welling (Eess)
FULL NAME Jouanuan	Catherine J. Carlo
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, CHARTIES	16 DATE OF DEATH Sally 31 1913
will while Wilder or Divorced (Write the word)	(Mouth) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Jan 23, 1842	
7 AGE (Month) (Day (Year)	that I last saw h allve on
t day,hrs.	and that death occurred on the date stated above, at
yrsds. ORmin. ?	Chronic Endo cencho
(a) Trede, profession, or	
particular kind of work. O are considered (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) Sist Buovis, mos. ds.
9 BIRTHPLACE (Ntate or country)	Contributory Andle feeting
- Ilwin s.	Free Anna (Doration) yrs mos ds.
10 NAME OF FATHER SALION	(Signed) PR Fuhr. M.D.
o 11 BIRTHPLACE	Olsey 1 , 1913 (Address) Dentie My
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	
THE STANDING NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHE	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not et place of death?
(Informant) Laplia & Euderwood	Former or
	Usual residence.
(Address)	DATE OF BURIAL
Filed 8/3 1913 A My 1919 84 3	20 UNDERTAKER ADDRESS'
FIEGISTRAR	Virgil Moors Dente Such
If more blanks are needed, address State Regis:	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 11



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, write None. As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenda-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 3 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

Count	PLACE OF DEATH by Donalu se or City FEST	9443	(MO)	STATE OF MAR CERTIFICATE OF Registration Dist	DEATH ₃
2	PERSONAL AND STATISTIC	CAL PARTICULARS 5 SINGLE,	Auur 16 DATE OF DE	MEDICAL GERTIFICATE OF	DEATH 12 3
SEX) G DATE	of BIRTH (Age)	MARRIED, WIDOWED, ORDIVERCED (Write the word)		(Monty)	(Day) (Year) ttended deceased from
7 AGE	(Month) About	(Day) (Year) (Bay) (Year) (Bay) (Year) (Cay) (Year) (Cay) (Year) (Cay) (Year) (Cay) (Year) (Cay) (Year)	The CAUSE OF	ccurred on the date stated at DEATH* was as follows:	103 1913 pove, at 5 P m,
particula (b) Gene business,	underston on	ressol G	COK	(Ouration)	Fire. mgs ds
9 BIRTH (State			Contributory (Secondary)	Deration)	yrs mos ds.
N (E	BIRTHPLACE OF FATHER State or country) MAIDEN NAME OF MOTHER	tonorm!	TAL, SUICIDAL,	1913 (Address)	4
13 (8	BIRTHPLACE OF MOTHER State or country) ABOVE IS TRUE TO THE BEST	of MY KNOWLEDGE	At place	mos. ds. State	. yrs, mos ds.
(Inform	mant) Colla Ja (Address) Elev	and,	Former or usual residence	- ~	ATE OF BURIAL
Filed.	1510	as B. Haux. Zozaf Registran needed, address State Regist	rar, 6 E. Franklin S		- Reston



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dimenonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresat septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. 1 State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," __ (name origin; "Can-The nature of the "Exhaustion," Never report Examples:

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AUG 5 1913
BUREAU. V. S.

ESERVE

state Very 15 PHYSICIANS should OCCUPATION RECORD Jo. EXACTLY. Exact classified. pe D ahoul properly AGE supplied. pe UNFADING may certificate. = that 0 of 10 back terms, pinoda 0 piain Instructions Information _ EATH of Δ OF Important. Every R

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PLACE OF DEATH

9444

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilf death occurred inWard) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month (Day) 7 AGE If LESS than 1 day hrs. OR 7 8 OCCUPATION (a) Frade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASH CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs, ____ mos. ds. _____ yrs. ____ mos. ____ ds. Where was disease confracted. if not af place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRES

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Pumperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-

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AUG 5 1913 BUREAU, V.S.

PLACE OF DEATH 9445 County Molfiel Village or City Venton (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Mute Single, Married (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, THAT I Mended deceased from
a DATE OF BIRTH aug 15, 1832	that I last saw her alive on Stelly 29 1913
7 AGE (Monty) (Day (Year) If LESS than t day,hrs. ORmin.?	and that death occurred on the date states above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry.	Chroni Oright soliseas
business, or establishment in which employed (or employer)	(Duration)
(State or country) Delaware 10 NAME OF FATHER NOW THERE	Secondary (Ouration) yrs mos ds. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Velaware	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Intermant) III I STATE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Septem 15 Filed Lady 3/ 1913 & O George M.	Deuton Cuettry City 1913
REGISTRAR	& Mac Moore A Vanton

address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed,

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The statement. Never return "Laborer," "roreman," "Mauager," "Dealer," etc., without more precise spectmaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each aud every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origiu; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report

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AUG 4 1913

BUREAU, V. S.

SEP 9 1918
BUREAU, V.S.

First certificate mitter shirts lead peniel.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH 9446	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Deuton Mind	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Perrale Color of Race Single, MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on Duly 1913
about 30 yrs. mos. ds. OR. min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) mary land	Gentributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) Shurface Offer , M. D. Ouly 13, 1913 (Address) Druffer From VIOLENT
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
(Informant) Click Teams	Where was disease contracted, It not at place of death? Former or usual residence
(Address) 21 Eleascher St.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Setton Selection feel 15, 191 3 20 UNDERTAKER ADDRESS
Filed fully 13, 191.3 D Jung Q D TREGISTRAR	J Virgil moore Deulan Tuck
If more blanks are needed, address State Registra	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

statement. ..."Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has But in many "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc... Carcin-

Heart failure," "Haemorrhage," "Inanition," Jaras-"Collapse." "Coma," "Convulsions," "Deblity" (Congenital," "Senile," etc.), "Dropsy," "Exhaustion." cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quali mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL SCALE etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia, thenia," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as its ample: Measles (disease causing death), affection need not be stated unless important. Ex ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can The nature of the Never repor Examples: *Fo cause for 29 ds. char-



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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mally sepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ".Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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SEP 9 1913 BUREAU, V.S.

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1 PLACE OF DEATH	9448	STATE OF MARYLAND
County Caroline	(15	CERTIFICATE OF DEATH Registration Dist. No. 42
Village or City Decelar	(No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
Male While ording	o. Ligth	16 DATE OF DEATH (Month) (IMy (Year)
DATE OF BIRTH (Month)	25 ,19/2 Day (Year)	that I last saw have alive on fully 1913
P AGE OCCUPATION (a) Trade, protession, or	If LESS than t day,hrs.	and that doubled on the date stated above, at
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Caushus Ca	_	Contributory Accordance (Duration) yrs. mos. ds
OF MANE OF FATHER C. S. Still 11 BIRTHPLACE OF FATHER (State or country) WHAT 12 MAIDEN NAME OF MOTHER OF MOTHER	laurer Com	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	flum	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA) At place In the of death
(Informant) (Informant)	liansan	It not at place of death? Former or usual residence.
(Address)	e med. REGISTRAR	2 UNDERTAKER ADDRESS ADDRESS istran 6 E. Franklip St., Balto., Requesting V. S. No. 1.

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